

# VIRGINIA PREVENTION EVALUATION SYSTEM

## ❖ Initial Referral Form ❖

### Table X7 - PEMS-Compliant Version 2.0

**Intervention Code & Name:**

**Please complete this form each time a referral is made to a client enrolled in an intervention for which you are reporting client-level data.**

Participant Identifier: \_\_\_\_\_

**X702.** Referral Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mon/ Day/ Year

PEMS ID \_\_\_\_\_

(generated by PEMS)

Referral Code \_\_\_\_\_

(generated by PEMS)

**X703.** Referral Service Type: CHECK ONE ONLY – Please fill out a separate form for each type of referral made.

01. HIV Testing	<input type="checkbox"/>
02. HIV confirmatory test	<input type="checkbox"/>
03. HIV prevention counseling	<input type="checkbox"/>
04. STD screening and treatment	<input type="checkbox"/>
05. Viral Hepatitis screening and treatment	<input type="checkbox"/>
06. Tuberculosis testing	<input type="checkbox"/>
07. Syringe exchange services	<input type="checkbox"/>
08. Reproductive health services	<input type="checkbox"/>
09. Prenatal care	<input type="checkbox"/>
10. HIV medical care/evaluation/ treatment	<input type="checkbox"/>
11. IDU risk reduction services	<input type="checkbox"/>
12. Substance abuse services	<input type="checkbox"/>
13. General medical care	<input type="checkbox"/>
14. Partner counseling and referral services	<input type="checkbox"/>
15. Mental health services	<input type="checkbox"/>
16. Comprehensive Risk Counseling and Services	<input type="checkbox"/>
17. Other HIV prevention services	<input type="checkbox"/>
18. Other support services	<input type="checkbox"/>
88. Other, specify _____	<input type="checkbox"/>

**X705.** How is follow-up to be verified?

- ☐ No plan to verify (see referral notes)
- ☐ Active referral (direct linkage (access) to a service provider)
- ☐ Passive referral-agency verification (confirmation by an agency)
- ☐ Passive referral-client confirmation (confirmation by client that they accessed service)

**X711.** Referral Notes:

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